Company Tracking Number: AR-PL-20024086

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions

Liability

Product Name: Professional Liability

Project Name/Number: Social Services Professional Liability/CW-PL-20020660

Filing at a Glance

Company: Everest National Insurance Company

Product Name: Professional Liability SERFF Tr Num: EVST-125685215 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$100

Made/Occurrence

Sub-TOI: 17.0019 Professional Errors & Co Tr Num: AR-PL-20024086 State Status: Fees verified and

Omissions Liability received

Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Edith

Roberts

Author: Vanessa King Disposition Date: 06/12/2008

Date Submitted: 06/06/2008 Disposition Status: Filed

Effective Date Requested (New): 07/01/2008 Effective Date (Renewal): 07/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Social Services Professional Liability Status of Filing in Domicile: Pending

Project Number: CW-PL-20020660 Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 06/12/2008

State Status Changed: 06/12/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are also revising our Professional Liability company exception rule pages to reference EDEC 227.

Company and Contact

Filing Contact Information

Company Tracking Number: AR-PL-20024086

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions

Liability

Product Name: Professional Liability

Project Name/Number: Social Services Professional Liability/CW-PL-20020660

Vanessa King, Manager, Filing and Regulation vanessa.king@everestre.com

P.O. Box 830 (908) 604-3267 [Phone] Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware

477 Martinsville Road Group Code: 1120 Company Type:

P.O. Box 830

Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:

Ltd.

(908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

Company Tracking Number: AR-PL-20024086

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions

Liability

Product Name: Professional Liability

Project Name/Number: Social Services Professional Liability/CW-PL-20020660

Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: The fee per rule filing is \$100.00.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Everest National Insurance Company \$100.00 06/06/2008 20711446

 SERFF Tracking Number:
 EVST-125685215
 State:
 Arkansas

 Filing Company:
 Everest National Insurance Company
 State Tracking Number:
 EFT \$100

Company Tracking Number: AR-PL-20024086

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions

Liability

Product Name: Professional Liability

Project Name/Number: Social Services Professional Liability/CW-PL-20020660

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	06/12/2008	06/12/2008

SERFF Tracking Number: EVST-125685215 State: Arkansas EFT \$100 State Tracking Number:

Filing Company: Everest National Insurance Company

Company Tracking Number: AR-PL-20024086

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Professional Liability

Project Name/Number: Social Services Professional Liability/CW-PL-20020660

Disposition

Disposition Date: 06/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed Comment:

Company Name:	Overall % Rate	Written Premium	# of Policy	Premium:	Maximum %	Minimum %	Overall %
	Impact:	Change for this	Holders		Change (where	Change (where	Indicated
		Program:	Affected for		required):	required):	Change:
			this				
			Program:				
Everest National	0.000%	\$0		\$	0.000%	0.000%	0.000%
Insurance Company							

 SERFF Tracking Number:
 EVST-125685215
 State:
 Arkansas

 Filing Company:
 Everest National Insurance Company
 State Tracking Number:
 EFT \$100

Company Tracking Number: AR-PL-20024086

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions

Liability

Product Name: Professional Liability

Project Name/Number: Social Services Professional Liability/CW-PL-20020660

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Propert	y &Filed	Yes
0	Casualty		
Supporting Document	NAIC Loss Cost Filing Document for	Filed	Yes
0	OTHER than Workers' Comp		
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	Company Exception Pages	Filed	Yes

SERFF Tracking Number: EVST-125685215 State: Arkansas

Filing Company: Everest National Insurance Company State Tracking Number: EFT \$100

Company Tracking Number: AR-PL-20024086

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Professional Liability

Project Name/Number: Social Services Professional Liability/CW-PL-20020660

Rate Information

Rate data applies to filing.

File and Use

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Premium:	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders		Change (where	Change (where
	Change:		Change for	Affected for this		required):	required):
			this	Program:			
			Program:				
Everest National	0.000%	0.000%	\$0			0.000%	0.000%

Insurance Company

Company Tracking Number: AR-PL-20024086

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions

Liability

Product Name: Professional Liability

Project Name/Number: Social Services Professional Liability/CW-PL-20020660

Rate/Rule Schedule

Review Status: Exhibit Name: Rule # or Page Rate Action Previous State Filing Attachments

#: Number:

Filed Company Exception CEP-PL-AR-2 Replacement AR-PL-20007148 CEP-PL-AR-2.pdf

Pages

COMPANY EXCEPTION PAGES

Everest National Insurance Company

Professional Liability

Arkansas (03)

Social Services Rates and Rules

CEP-PL-AR-2 Coverage Form ed. 7/08

Provide coverage for social services professional liability with **Social Services Professional Liability Coverage Form EEO 00 523.** Coverage is provided for services performed for others to help individuals or families manage their lives. This includes but is not limited to counseling services. Use **Social Services Professional Liability Declarations EDEC 227** with this coverage form.

Company Tracking Number: AR-PL-20024086

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions

Liability

Product Name: Professional Liability

Project Name/Number: Social Services Professional Liability/CW-PL-20020660

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Filed 06/12/2008

Property & Casualty

Comments:

Attachment:

Transmittal-R.pdf

Review Status:

Bypassed -Name: NAIC Loss Cost Filing Document Filed 06/12/2008

for OTHER than Workers' Comp

Bypass Reason: NA

Comments:

337.2/233

Review Status:

Bypassed -Name: NAIC loss cost data entry document

Bypass Reason: NA

Comments:

Filed 06/12/2008

19. Status of filing in domicile

Property & Casualty Transmittal Document

1.	Reserved for Insurance	2. In:	surar	nce De	partment	Use	only		
	Dept. Use Only	a. Da	te the filing is received:						
	- V	b. Ana	_						
			•						
			sposition: ate of disposition of the filing:						
				•		filin	g:		
		e. Effe		date c			1		
				ew Bus					
					Business				
				ling #:					
		g. SE	RFF	Filing #	:				
		h. Sul	oject	Codes					
		- L							
3.	Group Name								Group NAIC #
	Everest Re Group, Ltd.								1120
4.	Company Name(s)		Don	nicile	NAIC#		FEIN#		State #
	Everest National Insurance Co	nmnany	DE		10120		22-2660372		
-	Evereet National modification of	ompany			10120		22 2000012		
-									
-									
•									
E	Company Tracking Number			4 D. D	1 2002400	20			
5.	Company Tracking Number			AK-P	L-2002408	00			
Con	tact Info of Filer(s) or Corporate	Officer(s)	[inc	lude toll	-free numb	er]			
6.	Name and address	Title		Telep	hone #s		FAX#		e-mail
	Vanessa King	Manager		(908)	604-		08) 604-	vane	essa.king@everest
477 Martinsville Road			3267				26	re.cc	am
Liberty Corner, NJ 07938-				3267		35	20	10.00	וווו
	Liberty Corner, NJ 07938-			3267		35	20	10.00	וות
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	Liberty Corner, NJ 07938-			3267		35		10.00	סווו
	Liberty Corner, NJ 07938-			3267		35		10.00)
7	Liberty Corner, NJ 07938- 0830			3267		35	20	10.00	oiii
7.	Liberty Corner, NJ 07938- 0830 Signature of authorized filer	ad filor			rea Kina	35	20	10.00	יוונ
8.	Liberty Corner, NJ 07938- 0830 Signature of authorized filer Please print name of authorized			Vanes	ssa King			10.00	OIII
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8. Filin 9.	Liberty Corner, NJ 07938- 0830 Signature of authorized filer Please print name of authorized filer In a information (see General Interpretation (see General Interpretation)	nstruction	С	Vanes descrip	tions of thability	ese		10.00	OIII
8. Filir 9. 10.	Liberty Corner, NJ 07938- 0830 Signature of authorized filer Please print name of authorized filer In a print name of authorized filer Please print name of authorized filer In a print name of authorized filer Sub-Type of Insurance (Sub-Type of In	nstruction	С	Vanes descrip	tions of th	ese		10.00	oiii
8. Filin 9.	Signature of authorized filer Please print name of authorized Inginformation (see General Interpretation (see General Interpretation) Sub-Type of Insurance (Substate Specific Product code	nstruction o-TOI) (s)(if	Pro	Vanes descrip	tions of thability	ese		10.00	ייין
8. Filir 9. 10.	Signature of authorized filer Please print name of authorized In the second of the sec	nstruction o-TOI) (s)(if juirements)	Pro	Vanes descrip other Lia	ntions of the ability nal Liability	ese	fields)	10.00	oiii
8. Filir 9. 10. 11.	Signature of authorized filer Please print name of authorized Inginformation (see General Interpretation (see General Interpretation) Sub-Type of Insurance (Substate Specific Product code	nstruction o-TOI) (s)(if juirements)	Pro So	Vanes descrip other Lia ofession	otions of the ability hal Liability	nese			
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8. Filin 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized Inginformation (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Red Company Program Title (Mar Filing Type Effective Date(s) Requested Reference Filing?	nstruction o-TOI) (s)(if juirements) keting title)	C Pro So [] []	Vanes descrip ofession cial Se Rate/L Forms Withd	rvices Prooss Cost	nese y fess [X	sional Liability I Rules [] I ation Rates/Ruler (give descri	Rates/ ules/F ription	/Rules forms
8. Filin 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized filer Please print name of authorized filer Type of Insurance (TOI) Sub-Type of Insurance (Substate Specific Product code applicable)[See State Specific Red Company Program Title (Mar Filing Type Effective Date(s) Requested Reference Filing? Reference Organization (if a	nstruction o-TOI) (s)(if puirements) keting title)	C Pro So [] []	Vanes descrip other Lia ofession cial Se Rate/L Forms Withd	rvices Pro oss Cost s [] Com rawal[] C	nese y fess [X	sional Liability I Rules [] I ation Rates/Ruler (give descri	Rates/ ules/F ription	/Rules forms
8. Filin 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized Inginformation (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Red Company Program Title (Mar Filing Type Effective Date(s) Requested Reference Filing?	nstruction o-TOI) (s)(if puirements) keting title)	C Pro	Vanes descrip other Lia ofession cial Se Rate/L Forms Withd	rvices Pro oss Cost s [] Com rawal[] C	nese y fess [X	sional Liability I Rules [] I ation Rates/Ruler (give descri	Rates/ ules/F ription	/Rules forms

Not Filed [X] Pending [

Authorized [

Disapproved

PC TD-1 pg 1 of 2

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # | AR-PL-20024086

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

We are introducing EDEC 227 - Social Services Professional Liability Declarations, for use with our Professional Liability business. As a companion to this new form, we are also revising our Professional Liability company exception rule pages to reference EDEC 227.

Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:

Amount: \$100.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms) (Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			[] New [] Replacement [] Withdrawn		
02			[] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate &

Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.) (Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.) 1. This filing transmittal is part of Company Tracking # AR-PL-20024086

1. This filling transmittal is part of Company Tracking # AR-PL-20024086									
2. This filing corresponds to form filing number (Company tracking number of form filing, if applicable) AR-PL-20024085									
				<u> </u>	· · · · · · · · · · · · · · · · · · ·		V	Data Nami	In-1 (00/)
		Rate Increa	ase L	□ Rate	Decrease		Х	Rate Neut	trai (0%)
3.	Filing	Method (Prior	Approval,	File & Use,	Flex Band,	etc.)			
4a. Rate Change by Company (As Proposed)									
Con	npany	Overall %	Overall	Written	# of		Written	Maximum	Minimum
Na	ame	Indicated	% Rate	premium	policyhold	ers	premium	%	% Change
		Change	Impact	change	affected	k	for this	Change	(where
		(when		for this	for this		program	(where	required)
		applicable)		program	progran	n		required)	
		0.0%	0.0%	NA	62		152,773	NA	NA
4b.					ny (As Acce	pted)			
	npany	Overall %	Overall	Written	# of		Written	Maximum	Minimum
Na	ame	Indicated	% Rate	premium	policyhold		premium	%	% Change
		Change	Impact	change	affected		for this	Change	
		(when		for this	for this	;	program		
		applicable)		program	progran	n			
		5. Overall	Rate Inform	nation (Com	plete for Mu	ıltiple	Company	Filings only	v)
				•	•		OMPANY		STATE USE
-	Overa	II percentage	rate indicat	ion (when			NA		
5a	applic			•					
5b	Overa	Il percentage	rate impact	for this fili	ng		NA		
5c	Effect	of Rate Filing	– Written p	remium ch	ange for	\$0.0			
ЭC		ogram	_						
5d	Effect	of Rate Filing	- Number	of policyho	lders		62		
่อน	affecte	ed							
6.	Overa	II percentage	of last rate	revision		NA			
7.		ve Date of las		ion		11/1	1/2002-initia	al program	
8.		Method of Las Approval, Fil		ex Band, etc	c.)		r Approval		
	Rule #	or Page # Su	bmitted	Replac	ement			Previous	s state
Rule # or Page # Submitted Replacement or withdrawn?							filing nu		

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	CEP-PL-AR-2	[] New [X] Replacement [] Withdrawn	AR-PL-20007148
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	